

Adelaide Annual Women's and Children's Health Update

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Update Outline

- No Jab no Pay
 - The policy
 - Expansion of immunisation registers
 - New medical exemption form
 - Resources to support hesitant parents
 - ACIR issues/practical hints
- Immunisation in pregnancy (influenza and pertussis)
 - Why immunise pregnant women?
 - Current guidelines
 - Evidence re effectiveness and safety
 - Resources and tips

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No Jab No Pay policy

- Australian Government policy change from 1 Jan 2016
 - Removal of 'conscientious' objection provisions
- Parents of incompletely immunised children <20 years not eligible for family assistance payments unless
 - Medical contraindication
 - Natural immunity
 - On recognised catch-up schedule
- Free catch-up <10 yrs (ongoing) & 10-19 yrs (to end 2017)

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Expansion of immunisation registers

- From 1 Jan 2016 ACIR expanded to <20 yrs
- From Sep 2016 ACIR becomes Australian Immunisation Register (AIR) = whole of life register
- From 2017 HPV Register becomes Australian School Vaccination Register, capturing all adolescent vaccinations given in school programs

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No Jab no Pay medical exemption: To sign or not to sign?



Medical exemption form

Australian Government
Department of Human Services
medicare

Australian Childhood Immunisation Register Immunisation medical exemption

Purpose of this form
 Use this form if you are a General Practitioner and would like to notify the Australian Government Department of Human Services of an individual (under 20 years of age) who has a vaccine exemption due to a medical contraindication or natural immunity.

For more information
 For more information about the Australian Childhood Immunisation Register (ACIR), go to humanservices.gov.au/acir or call 1800 653 809 Monday to Friday, between 8.00 am and 5.00 pm, Australian Eastern Standard Time.
 Note: Call charges apply from mobile phones.

Filling in this form

Available at:
<https://www.humanservices.gov.au/health-professionals/forms/im011>

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What are the medical contraindications?

- Very few!
 - See Immunisation Handbook Table 2.1.4: False contraindications to vaccination + reverse side of medical contraindication form
 - Previous anaphylaxis to
 - Prior dose of vaccine
 - Vaccine component
 - Significant immunocompromise (Section 3.3.3 of Handbook)
 - Live attenuated vaccines only
- Temporary exemption
 - Acute major medical illness
 - Significant immunocompromise of short duration (live vaccines only)
 - Pregnancy (live vaccines only)

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Antigens exempt due to natural immunity

Natural immunity to a disease is a valid exemption to vaccination for the antigens listed below. **Exemption to a combination vaccine(s) on the basis of natural immunity is only valid if immunity is confirmed for all vaccine antigens.** Advice on what constitutes acceptable evidence of natural immunity is provided on page 3 of this form.

8 The child has a natural immunity to:

Hepatitis B Mumps Varicella
 Measles Rubella

This has been confirmed by:

Laboratory testing / /

OR

Physician-based clinical diagnosis / /

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Resources to support hesitant parents

- SKAI resources
<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/fact-sheets-concerns-vaccination>
- NCIRS fact sheets
<http://www.ncirs.edu.au/provider-resources/ncirs-fact-sheets/>

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What about autism?
 Many large studies have found vaccines do not cause autism.

So, where did the misunderstanding come from?

Then, what causes autism?

SKAI logo and other resources are listed at the bottom.

NCIRS fact sheets

These fact sheets have been developed by NCIRS primarily for immunisation providers. They may also be of interest to members of the public.

Vaccine preventable diseases

- Haemophilus influenzae type b (Hib) vaccines for Australian children [PDF – 72KB]
- Hepatitis B vaccines for Australians [PDF – 220KB]
- Human papillomavirus (HPV) vaccines for Australians [PDF – 137KB]
- Quadrivalent HPV vaccine – frequently asked questions [PDF – 172KB]
- Influenza vaccines for Australians [PDF – 260KB]
- Meningococcal vaccines for Australians [PDF – 191KB]
- Poliovirus vaccines for Australians [PDF – 140KB] March 2016
- Poliovirus vaccines for Australians [PDF – 210KB] February 2016
- Rotavirus vaccines for Australian children [PDF – 218KB]
- Varicella-zoster (chickenpox) vaccines for Australian children [PDF – 158KB]
- Zoster vaccine for Australian adults [PDF – 177KB]
- Vaccines for Australian adults [PDF – 320KB]

Vaccine safety

- Diabetes and vaccines [PDF – 44KB]
- Hepatitis B and multiple sclerosis [PDF – 76KB]
- Homeopathy and vaccination [PDF – 127KB]
- MAR vaccine, inflammatory bowel disease and autism [PDF – 90KB]
- Resources for addressing patient/parent concerns about immunisation [PDF – 56KB]

ACIR issues

Immunisation History

Date	Vaccine/Brand	Dose	Status	Issue Code	Immunising Provider Type
24/04/2016	Influenza	1	P	102	Medicare General Practitioner
24/04/2016	Rotavirus	1	P	102	Medicare General Practitioner
24/04/2016	Rotavirus	1	P	102	Medicare General Practitioner
23/06/2016	Influenza	2	P	102	Medicare General Practitioner
23/06/2016	Influenza	1	A	102	Medicare General Practitioner
23/06/2016	Rotavirus	2	P	102	Medicare General Practitioner
23/06/2016	Rotavirus	1	A	102	Medicare General Practitioner
23/06/2016	Rotavirus	1	A	101	Medicare General Practitioner
02/10/2016	Influenza	2	A	101	Medicare General Practitioner
02/10/2016	Influenza	1	P	101	Medicare General Practitioner
02/10/2016	Rotavirus	2	A	101	Medicare General Practitioner
02/10/2016	Rotavirus	1	A	101	Medicare General Practitioner

102 – Duplication of encounters by same provider
 101 – Minimum intervals MUST be observed

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ACIR issues (2)

Ensure child's address details are up to date. Parent must notify Medicare if change of address

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ACIR issues (3)

Ensure child's details are accurate and child is registered on the Medicare card.

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ACIR practical hints

- Providers can request ACIR secure site access: <https://www1.medicareaustralia.gov.au/ssl/acir/CIRGRACC>
- Ensure staff entering data are working within their scope of practice and understand:
 - Antigens in vaccine combinations
 - Dose numbers
 - Schedules (past Australian, overseas)
 - Rules e.g. minimum intervals between vaccines
- If 'P' status displayed on child's history, will be assessed as 'not fully vaccinated'
- If you consider a dose valid, contact the ACIR either via:
 - 1800 653 809 (may be long wait)
 - Secure site email (may be delay in ACIR staff checking)

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Take home messages

- ACIR only as good as information it receives!
- Before vaccinating check ACIR history / parent records
 - If vaccine given but data not on ACIR.....ADD IT (even if your practice did not give it)
- If child came to Australia as a refugee, **highly** likely they have received catch-up vaccines in Australia
 - Ask where seen – Migrant Health Service, Migrant Resource Centre, Newly Arrived Refugee Immunisation (NARI) clinic
 - Seek information from other providers – detective work!
- Plan appropriate catch-up
 - Children <10 yrs of age – childhood schedule/vaccines
 - >10 years of age – adult formulation vaccines
 - Enter encounter onto ACIR as soon as possible
 - Give hand held record of vaccines they received

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Take home messages – catch-up

- Use resources available:
 - <10 years of age - Immunisation Catch-up Calculator <https://immunisationcalculator.sahealth.sa.gov.au/ImmuCalculator.aspx>
 - >10 yrs of age - No Jab No Pay Catch-Up Arrangements [http://www.immunise.health.gov.au/internet/immunise/public_content.nsf/Content/clinical-updates-and-news/\\$File/Update-No-Jab-No-Pay-Immunisation-Catch-Up-Arrangements\(D15-1126865\).pdf](http://www.immunise.health.gov.au/internet/immunise/public_content.nsf/Content/clinical-updates-and-news/$File/Update-No-Jab-No-Pay-Immunisation-Catch-Up-Arrangements(D15-1126865).pdf)
- Immunisation Section (SA Health) 1300 232 272 (Mon – Fri)
- Adelaide PHN – Angela Newbound, Immunisation Coordinator: (08) 8219 5900 anewbound@adelaidephn.com.au

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IMMUNISATION HISTORY CHECK FLOWCHART FOR CHILDREN <20 YEARS OF AGE

ADVISE ALL PARENTS TO ENSURE THE CHILD'S MEDICARE CARD IS REGISTERED WITH CENTRELINK

Was child born in Australia?

- YES: Is child fully vaccinated according to parent records of ACIR (phone 1800 653 809 or check ACIR secure site)?
 - YES: If the parent has received a letter from Centrelink stating the child does not meet the immunisation requirements or Centrelink cannot view the child's records, advise parent to register the Medicare Card with Centrelink.
 - NO: Ensure vaccine records on ACIR are accurate. Check if child has been vaccinated by another provider in Australia. Upload any documented immunisation history the parent can produce.
 - IF NOT FULLY IMMUNISED:
 - For children <16 years of age: follow catch up guidelines for childhood program. <https://immunisationcalculator.sahealth.sa.gov.au/ImmuCalculator.aspx>
 - For children aged >16 years:
 - Check school immunisation program history (parents can access this through the provider attending child's school)
 - Count Boostrix given in school program as valid dose to complete a childhood schedule eg. if child missed 4 year old DTPa, Boostrix is recorded as dTPa dose 4.
 - Follow the catch-up guidelines set out in the 'No Jab No Pay' Immunisation Requirements' fact sheet on the Immunise Australia website
- NO: Did the child arrive in Australia as a Refugee?
 - YES: Check if child has been seen at Migrant Health Service or a Newly Arrived Refugee Immunisation (NARI) Clinic or another GP Clinic. Call them for the child's immunisation history and ask if records have been uploaded recently. Catch up missing vaccines according to catch-up guidelines for child's age. Upload immunisation history to the ACIR. Catch up any missing vaccines according to catch-up guidelines for child's age. Commence catch up schedule according to catch-up guidelines for child's age.
 - NO: Has the child received vaccinations overseas?
 - YES: Upload immunisation history to the ACIR. Catch up any missing vaccines according to catch-up guidelines for child's age. Never re-start a schedule that has already commenced.
 - NO: Commence catch up schedule according to catch-up guidelines for child's age.

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Immunisation in pregnancy - Outline



- Why immunise pregnant women?
- Current guidelines
- Does it work?
- Evidence for safety
- Resources and tips

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Why vaccinate pregnant women against influenza and pertussis?

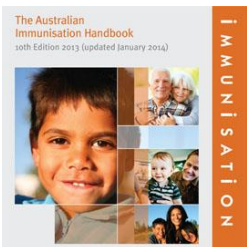
- Complications from influenza
 - Respiratory hospitalisation
 - Preterm delivery
 - H1N1 : ICU Admission RR 6.5 (Kelly et al. European Communicable Disease Bulletin 2009;14(50)).



- Mothers often source of infant pertussis
- 39% of identified sources mother (Wiley et al. Vaccine 2013;31:618-25)
- Protection through placental antibody transfer

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Current Australian national guidelines

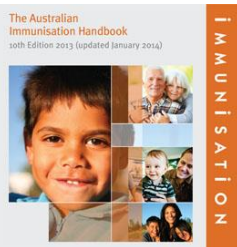


Section 4.7 Influenza

- Recommended for all pregnant women
- Can be given at any stage of pregnancy

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Current Australian national guidelines



Section 4.12 Pertussis

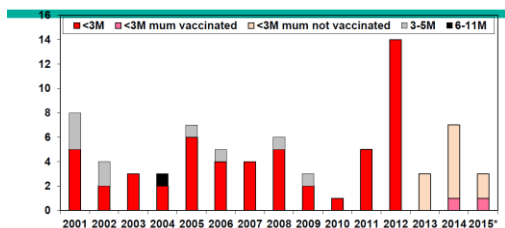
- Single dose of dTpa in 3rd trimester of **each** pregnancy
- Optimal time for vaccination is early in the 3rd trimester (**between 28 and 32 weeks**)
- Can be given at any time in 3rd trimester up to delivery

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UK pertussis deaths post program – back to pre-epidemic levels



Reconciled deaths from pertussis in infants, England



Sources: lab confirmed cases, certified deaths, Hospital episode statistics, GP registration details, HPZone

*reported by 21/9/2015

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Evidence – is it safe?

- Influenza
 - “Excellent and robust safety profile of multiple inactivated influenza vaccine preparations over many decades”
- Pertussis
 - “Widespread use of TT-containing vaccines in many countries has not produced any signal of possible harm to pregnant women or their foetuses”
 - Several pertussis vaccine specific studies also show no significant safety concerns
 - Munoz et al, JAMA May 2014
 - Donegan et al, BMJ Jul 2014
 - Kharbanda et al, JAMA Nov 2014
 - Regan et al, Vaccine Apr 2016
 - Petousis-Harris et al, BMJ Open Apr 2016



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Deciding to vaccinate in pregnancy: The importance of Health Care Providers

"If the doctor or midwife recommends it, or highly recommends it, yeah I would go do it"

– Sarah, Outer Suburbs

Wiley *et al*, Qualitative Health Research. 2014.



Recommendation = 20 times more likely to be vaccinated

Wiley *et al*, MJA 2013; 198: 373–375

GPs not confident in their knowledge, need more information

Maier *et al*, BMC Family Practice 2014;15(1): 102.

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Tips and Tricks

- Our research suggests most women will have vaccine if it's recommended to them
- If they have questions:
 - NCIRS fact sheet (http://www.ncirs.edu.au/assets/provider_resources/fact-sheets/vaccinations-in-pregnancy-fact-sheet.pdf)
- If dTpa not available for relatives / partners – Adacel polio (dTpa-IPV) or Boostrix IPV (dTpa-IPV) are OK to use

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FactSheet



Vaccinations during pregnancy protect expectant mothers and their babies

Vaccination against pertussis (whooping cough) and influenza is strongly recommended during pregnancy to protect expectant mothers and their babies against these serious infections. Other inactivated vaccines are not routinely recommended during pregnancy but may be considered in special circumstances. Live attenuated vaccines are the only types of vaccines that are not to be given during pregnancy. Some vaccines, like rubella, may be needed when planning pregnancy so the mother is immune before she becomes pregnant.

Pertussis vaccine and pregnancy

Pertussis is a highly contagious infection which is most severe in young babies

Pertussis (whooping cough) is a highly contagious respiratory infection. In Australia, pertussis is most

Pertussis vaccine is not funded for pregnant women under the National Immunisation Program (NIP) but is currently free under state and territory initiatives. For detailed information on pertussis vaccines and



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